



Florence Fire Department Minimum Requirements for Firefighter Recruits

Please attach the following documentation to your employment application:

- ☐ Current Arizona EMT Certification
- ☐ Current Arizona Firefighter I and II Certificate
- ☐ Current MVR (Motor Vehicle Record) from the AZ Dept. of Transportation
- ☐ Candidate Physical Ability Test (CPAT) – Proof of successful completion of a CPAT from a licensed agency (local community college, private testing agency, etc.) within the last 12 months.

To learn more about registering for a CPAT course or scheduling to take a CPAT test at one of Phoenix's local community colleges, please visit the following website:

http://www.mc.maricopa.edu/dept/d12/fsc/district_cpat/index.html

To learn more about registering and taking the NTN - Fire Team Test, please visit the following website:

<http://www.nationaltestingnetwork.com>

All applicants must be willing to submit to and successfully complete a Department of Public Safety Fingerprint Clearance

Your application may be rejected from further consideration:

- 1. if you fail to attach the requested documentation;**
- 2. if the documentation you provide is not up-to-date; or,**
- 3. if the information you provide is unverifiable.**

Title of Position for which you are applying	Date of Application	
Last Name	First Name	MI



TOWN OF FLORENCE APPLICATION FOR EMPLOYMENT

Equal Opportunity/Reasonable Accommodation Employer

INSTRUCTIONS

General:

- Applications are only accepted for current job openings.** The original signed application must be received by the closing date of recruitment. Answer all questions completely and in detail. Print clearly in dark ink or type.
- Incomplete or improperly completed applications will result in the application being rejected. Additional information may not be accepted after the close of the filing period.
- Submit the application and any additional supplements to **Human Resources** at the **Town of Florence, 775 N. Main Street, PO Box 2670, Florence, Arizona 85132**, or fax to **(520) 868-7571**. **Applications are accepted via e-mail in pdf format with original signature to Jeanette.Grady@florenceaz.gov.**
- Be sure to sign the application and any other documentation provided. Work samples, letters of recommendation, and the like may be submitted with the application. Your application and all attachments become the property of the Town of Florence and will not be returned.
- Include this instruction sheet when submitting your application.**

Employment:

- Show complete experience for each position beginning with your present or last position (including military experience) for the last ten (10) years. **Do not state, "See Resume."**
- A resume may be attached, but will not be accepted in lieu of completing the entire application.**
- Use a separate sheet for continuation if necessary, following the same format as the employment record on the application.**
- Complete a separate application for each job that you wish to apply for.** Write the exact job title as specified on the job announcement.
- An applicant offered Town employment may be required to take a controlled substance test.** Employment is contingent on passing this test.

Race/Ethnic Disclosure Statement:

The Town of Florence is an Equal Opportunity Employer and does not discriminate in hiring or employment on the basis of race, color, national origin or ancestry, sex, age, religious beliefs, veteran status, disability, or political affiliation.

Please provide the following information to assist in the Town of Florence's commitment to provide equal opportunity employment. This information will **not** be used to discriminate against you in any way.

Please select one (1) Race/Ethnic category from the list below:

- ☐ **American Indian or Alaska Native** (A person descending from any of the original peoples of North America or South America (including Central America) who possesses ¼ degree of documented tribal descendancy or is enrolled with a federally or state recognized tribe, or is recognized by a federally or state recognized tribe as American Indians for state affirmative action purposes).
- ☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American").
- ☐ **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino").
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).
- ☐ **Two or more races**

If you do not wish to designate your race or national origin, please check the following statement.

☐ **I do not wish to designate my race or national origin**



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Application for Employment

Personal Information

Last Name	First Name	Middle Int.	Date
Other name(s) under which you have been employed or attended school			
Home phone number		Business phone number	
Preferred number to be contacted		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, your age:	
Current mailing address Street		City	State Zip
Permanent mailing address (if different from above) Street		City	State Zip
Please list the cities and states you have lived in if the above address does not encompass 7 years.			
City	State	City	State
City	State	City	State
Position desired		Type of employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
How were you referred for this position?		Expected Salary	
Date available for employment	Are you authorized to work in this country on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously applied for employment with the Town of Florence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to any Town of Florence employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate who, relationship, and position: _____			
If you have applied for employment with the Town of Florence, please give date, and position applied for.			
Date	Department	Position applied for	

Education

High School	City	State	Graduate?	Major	Degree
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> GED <input type="checkbox"/> Diploma	N/A
Technical/Vocational School					
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University					
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School					
Name			<input type="checkbox"/> Yes <input type="checkbox"/> No		



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List your professional studies, licenses/certifications, memberships, designations or other activities that you feel we should know about when considering your application.*

List your college and post high school honors, distinctions or activities that you feel we should know about when considering your application.*

* You may exclude any organizations or activities which indicate, race, color, religion, sex, sexual orientation, or national origin.

Foreign Languages	Read?	Speak?	Write?
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Computer Language/Tools

Please check software on which you have training or experience:

<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Internet
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft PowerPoint	<input type="checkbox"/> Microsoft Outlook
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Driving and Criminal Records

Driving Record

Your driving record will be considered when driving for the Town is a requirement of your position.

Current drivers' license number	State
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain	

Criminal Convictions

Criminal Convictions will not necessarily disqualify you from employment.

Have you ever plead guilty, no contest, or been convicted of a crime, excluding minor traffic violations? ☐ Yes ☐ No

If yes, please give details below

Date of Conviction	Court Location	Nature of conviction

Employment History

Current Employer				(May we contact for employment verification purposes?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of employer		Business phone		Hire date	
City		State			
Supervisor name		Supervisor title		Supervisor phone	
Starting position title		Starting position salary		Current position title	
Reason for leaving:					
Describe position duties:					



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Former Employers				
1) Name of employer		Business phone	Hire date	Termination date
City		State		
Supervisor name		Supervisor title		Supervisor phone
Starting position title	Starting position salary	Ending position title	Ending position salary	
Reason for leaving:				
Describe position duties:				
2) Name of employer		Business phone	Hire date	Termination date
City		State		
Supervisor name		Supervisor title		Supervisor phone
Starting position title	Starting position salary	Ending position title	Ending position salary	
Reason for leaving:				
Describe position duties:				
3) Name of employer		Business phone	Hire date	Term date
City		State		
Supervisor name		Supervisor title		Supervisor phone
Starting position title	Starting position salary	Ending position title	Ending position salary	
Reason for leaving:				
Describe position duties:				



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Explain Interruptions in Employment History (Please use this space to explain any interruptions in your employment history since high school that do not pertain to pregnancy, childcare or disability.)

Personal References

(Please use supervisors, coworkers, instructors who are familiar with your work. Do not list relatives or Town of Florence employees. Do not list people you do not want to be contacted.)

Name	Type of acquaintance	Home Phone	Business Phone
City	State	Employer	Position

Name	Type of acquaintance	Home Phone	Business Phone
City	State	Employer	Position

Name	Type of acquaintance	Home Phone	Business Phone
City	State	Employer	Position



TOWN OF FLORENCE

Application for Employment

Applicant's Certification and Agreement

I certify that the facts set forth in this Employment Application are true and complete. I understand that if I am employed, omissions, false or misleading statements on this application shall be sufficient grounds for dismissal. I understand and agree that if employment is offered to me and I accept employment, my employment may be terminated at any time, with or without cause and with or without notice, by myself or by the Town and that no employee or director has the authority to promise me employment for any specified period of time. I understand that any employment would be governed by the policies and procedures of the Town in effect at that time. In accordance with Proposition 201, Smoke Free Arizona Act (A.R.S. 36-601.01), the Town of Florence is committed to a smoke free workplace to protect the safety of workers and the public. It is the policy of the Town of Florence that smoking is prohibited in all public buildings. All final candidates for employment are subject to submit to and pass a drug test as a condition of employment. The Town of Florence complies with the Legal Arizona Workers Act and participates in the Employment Eligibility Verification process through the Social Security Administration and Department of Homeland Security databases to establish eligibility for employment in the United States.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby consent to and authorize the release of the following information, wherever situated, in connection with my application with the Town of Florence, Arizona.

- 1) All personnel and employment records including, but not limited to, military records, as well as the records of any disciplinary actions and related investigative reports, if any, which are contained therein.
- 2) All court records and criminal history records located in any local, state or federal court or maintained in the files or electronic databases of any local, state or federal law-enforcement agency or information repository.
- 3) All motor vehicle and driver license records maintained in the files or electronic databases of any local, state or federal motor vehicle or driver licensing agency.

WAIVER OF CLAIMS

In consideration of the benefits I may realize from my application for employment with the Town of Florence, I hereby agree to indemnify, hold harmless, release and forever discharge the Town of Florence, its employees, contractors and agents together with any person whomsoever who receives, releases or otherwise provides or communicates information about me pursuant to this authorization from all claims, actions, suits, legal proceedings and liability of any nature whatsoever, whether in law or equity arising from the release of such information or from its use.

Signature of Applicant _____ Date _____

Town of Florence

775 North Main Street

P.O. Box 2670

Florence, Arizona 85232

www.town.florence.az.us

(520) 868-7500 TDD (520) 868-7502

Fax: (520) 868-7571